

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Dignity Senior Living at Oceanside Hawaii	CHAPTER 100.1
Address: 53-594 Kanehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 4, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and #2 – No documented evidence of annual physical exam.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p>SCG #1 completed his pre-employment physical on 10/18/2020, documentation was not provided at the time of audit. SCG #2 completed her pre-employment physical on 10/31/2020, documentation was not provided at the time of audit.</p>	2/23/2021

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS SCG #1 – Annual tuberculosis clearance not signed by a physician or APRN.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Unable to obtain updated signature by physician or APRN for TB clearance. Employee resigned 1/6/21</p>	<p style="text-align: center;">2/23/2021</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS SCG #1 – Annual tuberculosis clearance not signed by a physician or APRN.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Annual & pre-employment TB clearances will be confirmed by both Human Resources and employee's supervisor upon acceptance of TB form. If form is not properly signed by a MD, employee will be responsible to obtain signature and will be removed from schedule until signature is provided.</p>	<p style="text-align: center;">2/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> No documented evidence of current first aid certification.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 unable to obtain first aid certification, employee resigned 1/6/21. SCG #2-copy of CPR/First Aid was provided to agency on the day of survey.</p>	<p style="text-align: center;">2/23/2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> SCG #1 and #2 – No documented evidence that the substitute care givers were trained by the primary care giver to make prescribed medications available to residents and record such action.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 resigned on 01/06/2021. SCG #1 is an RN. SCG #2 completed training on 01/15/2021. Documented evidence obtained for record keeping.</p>	<p style="text-align: right;">01/15/2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – No blood pressures listed on medication administration record (MAR) for medications Amlodipine and Lisinopril on 11/27-28/2020 and 12/4-5/2020, despite medication orders having blood pressure hold parameters.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> § 11-100.1-15 <u>Medications, (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – No blood pressures listed on medication administration record (MAR) for medications Amlodipine and Lisinopril on 11/27-28/2020 and 12/4-5/2020, despite medication orders having blood pressure hold parameters.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Staff were retrained and in-serviced on medication orders that may have parameters. Training entailed proper documentation protocol procedures. To ensure that this does not occur again, monthly in-servicing and reviews will be conducted by the PCG.</p>	01/26/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Medication order for Lantus includes hold parameter for blood sugar <150. On 12/5/2020 and 12/13/2020, Lantus should have been held as the resident's blood sugar was <150 on those days. However, per MAR, Lantus was administered and there were no progress notes stating otherwise.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #2 – Order for Olanzapine on 11/26/2019 stated, “5 mg – take one (1) tablet every day by oral route.” On 1/4/2020, the order changed to, “Olanzapine 2.5 mg orally every day.” January 2020 MAR for Olanzapine stated, “5 mg, give 0.5 tab by mouth at bedtime for agitation.” There should have been two different Olanzapine orders on the January MAR; however, there was only the latter order from 1/4/2020 listed.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #2 – Order for Olanzapine on 11/26/2019 stated, “5 mg – take one (1) tablet every day by oral route.” On 1/4/2020, the order changed to, “Olanzapine 2.5 mg orally every day.” January 2020 MAR for Olanzapine stated, “5 mg, give 0.5 tab by mouth at bedtime for agitation.” There should have been two different Olanzapine orders on the January MAR; however, there was only the latter order from 1/4/2020 listed.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, When receiving a new order, it will be progress noted. Order will be immediately transcribed into MAR. An order summary will then be sent with monthly summary over to the physician signature. Staff has been retrained and in-serviced on proper procedures.</p>	01/26/2021

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #2 – Medication order dated 11/10/2020 stated, "D/C routine Olanzapine, keep PRN Olanzapine;" however, there was no order for PRN Olanzapine available for review.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Order for PRN Olanzapine was entered into MAR</p>	<p style="text-align: center;">03/01/2021</p>

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #2 – Medication order dated 11/10/2020 stated, "D/C routine Olanzapine, keep PRN Olanzapine;" however, there was no order for PRN Olanzapine available for review.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, all medical documents will now be reviewed by 2 staff members (Primary Care Giver / Med-Tech / Care Coordinator). Staff will have to sign and acknowledge that medical orders are correct and properly transcribed into MAR, prior to filing orders in medical records. Staff was in-serviced and trained on plan of correction and have clearly understood the procedures of this correction.</p>	<p style="text-align: right;">03/01/2021</p>

MAR 12 2021

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. <u>FINDINGS</u> Resident #1 – No initials on MAR for medications Quetiapine and Simvastatin on 7/2/2020 and 7/20/2020, and no explanation in record for missed doses.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. <u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed every four (4) months. Only signed medication reevaluation provided was from 3/19/2020.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies. FINDINGS Resident #1 – No annual tuberculosis clearance as nothing was checked on tuberculosis clearance form signed by physician.	<p style="text-align: center;"> PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY </p> <p style="text-align: center;"> TB Annual clearance signed and obtained from Physician on. </p>	<p style="text-align: center;">01/18/2021</p>

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<input checked="" type="checkbox"/> § 11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance as nothing was checked on tuberculosis clearance form signed by physician.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, staff will utilize pre-admission checklist to verify that all documents are received prior to the admission or readmission of any resident. A spread sheet was also developed to track and monitor due dates of annual TB clearance. Staff has been retrained and in-serviced on what is acceptable as TB clearance forms, and how to utilize the checklist and spreadsheet.</p>	02/15/2021

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #2 – No initial or annual tuberculosis clearance available.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, staff will utilize pre-admission checklist to verify that all documents are received prior to the admission or readmission of any resident. A spread sheet was also developed to track and monitor due dates of annual TB clearance. Staff has been retrained and in-serviced on what is acceptable as to clearance forms, and how to utilize the checklist and spreadsheet.</p>	01/26/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual physical exam. Last available physical exam in resident's record dated 5/21/2018.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Physical exam and medical records were requested. Documents of annual physical exam were completed on 11/02/2020. Documents were placed into residents current medical records.</p>	02/24/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re- evaluation for tuberculosis; <u>FINDINGS</u> Resident #1 – No annual physical exam. Last available physical exam in resident's record dated 5/21/2018.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from reoccurring, a Spreadsheet was created to track and keep record of when the physical exam was completed and when next exam will be due.</p>	<p style="text-align: center;">01/26/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes not completed during month they are written for. Many times, progress notes were written two (2) weeks or more after the month had ended.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – Monthly progress notes not completed during month they are written for. Many times, progress notes were written two (2) weeks or more after the month had ended.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>to ensure that this does not occur again in the future, a reminder has been entered into the community calendar and is set to remind staff to complete monthly summaries in the 25th day of every month. Staff has been informed and made aware of this reminder to complete monthly summary progress note.</p>	<p style="text-align: center;">5/21/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 and #2 – No progress note or monthly summary for December 2020.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 and #2 – No progress note or monthly summary for December 2020.</p>	<p>PLAN OF CORRECTION</p> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DOES NOT OCCUR AGAIN IN THE FUTURE, A REMINDER HAS BEEN ENTERED IN THE COMMUNITY CALENDAR AND IS SET TO SEND AN ELECTRONIC NOTIFICATION REMINDING STAFF TO COMPLETE MONTHLY SUMMARIES ON THE 25th DAY OF EVERY MONTH. STAFF HAS BEEN INFORMED AND MADE AWARE OF THIS IMPLEMENTATION.</p>	<p>5/21/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 – No blood sugar documented on MAR for 11/18/2020, despite having order to check blood sugar daily.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><u>FINDINGS</u> Resident #1 – No blood sugar documented on MAR for 11/18/2020, despite having order to check blood sugar daily.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, the staff has been retrained and in-serviced on proper documentation requirements. MAR will be reviewed at the end of every shift to ensure complete charting.</p>	01/26/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #2 – White out used on “Assisted Living Individualized Service Plan Page 5,” dated 5/27/2020.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident #2 – White out used on "Assisted Living Individualized Service Plan Page 5," dated 5/27/2020.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Staff has been retrained and in-serviced on proper documentation requirements.</p>	<p>2/15/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div><input checked="" type="checkbox"/></div> <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – General operational policies described in section 100.1-7, not readily available for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports, (f)(4)</u> General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #2 – General operational policies described in section 100.1-7, not readily available for review.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, a binder was created and general operations / policies and procedures were printed and placed inside. This binder will be readily available for review.</p>	<p style="text-align: center;">2/15/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – Order from 9/18/2020 states, "Notify MD for blood sugar <100 or >180." However, no documented evidence that physician was notified of BS >180 on 9/30/2020.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DOES NOT OCCUR AGAIN, A LOG CONTAINING ANY PARAMETERS OR ORDERS TO NOTIFY THE PHYSICIAN HAS BEEN PLACED IN A LOG. STAFF HAS BEEN TRAINED TO REVIEW LOG AND DAILY PARAMETERS WHICH WILL ASSIST THEM IN ENSURING THAT WE ARE FOLLOWING ORDER AND NOTIFYING PHYSICIAN AND DOCUMENTING THE ACTIONS TAKEN.</p>	<p style="text-align: right;">5/12/12</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> . (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. <u>FINDINGS</u> Signaling device pulled in Bathroom #120; however, no alert was sent to Med Tech's pager.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART I</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>In the future, to prevent this from recurring, a desktop computer has been placed at the care station. The system is directly connected to the internet and will notify staff when a signaling device was pulled.</i> </p>	<p style="text-align: center;"><i>5/21/21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Signaling device pulled in Bathroom #120; however, no alert was sent to Med Tech's pager.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not occur again, A spreadsheet was created to monitor all call lights in every room and bathroom. A weekly inspection will be done by staff to ensure all call lights are working and connect to Med Techs pager in a timely manner.</p> <p>Staff will also be able to view call light system from computer. Viewing system online ensures that the staff is being notified soon, allowing them to respond in a timely manner.</p>	<p style="text-align: center;">1/15/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; <u>FINDINGS</u> Resident #1 – No documented evidence that the facility utilized the consultant registered dietitian to provide nutritional assessment for resident on NCS, mechanical soft diet, and Glucerna supplement.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">A referral was sent to consultant registered dietitian. RD will complete assessment on pcc system.</p>	02/15/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented. <u>FINDINGS</u> Resident #1 – No documented evidence that the facility utilized the consultant registered dietitian to provide nutritional assessment for resident on NCS, mechanical soft diet, and Glucerna supplement.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, the staff has been retrained and in-serviced on how to complete referral/assessment form to be sent to registered dietitian. The care coordinator will be responsible for ensuring that the RD is notified and nutritional assessment is completed for resident.</p>	02/15/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills not conducted monthly or under varied conditions.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> Fire drills not conducted monthly or under varied conditions.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to prevent this from recurring, we have scheduled fire drills to be conducted in the 15th of every month. A reminder has been entered into the community calendar and is set to send an electronic notification reminding staff to conduct fire drill on the 15th day of each month.</p>	<p style="text-align: center;">5/21/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1 – No documented evidence of influenza vaccine.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Immunization Report obtained, vaccine was given on 11/2/2020</p>	02/24/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of influenza vaccine.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">In the future, a Spread sheet will be utilized to document Influenza vaccination dates and ensure that residents are getting it done annually.</p>	02/24/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="1339 216 1377 258"><input checked="" type="checkbox"/></div> <p data-bbox="1339 289 1377 766">§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p data-bbox="1161 289 1221 940">Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p data-bbox="1104 289 1133 426"><u>FINDINGS</u></p> <p data-bbox="1039 289 1101 905">Resident #1 – No documented evidence that the RN Case Manager (CM) reviewed the care plan monthly.</p>	<p data-bbox="1339 1283 1377 1396">PART 1</p> <p data-bbox="633 989 963 1696">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p>FINDINGS Resident #1 – No documented evidence that the RN Case Manager (CM) reviewed the care plan monthly.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, a document was created to sign and acknowledge that RN Case Manager has reviewed the resident's care plan monthly. A spreadsheet was created as a tool to assist in tracking that this is being completed.</p>	03/01/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div><input checked="" type="checkbox"/></div> <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of face to face contact by RN CM every thirty (30) days.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-88 Case management qualifications and services. (c)(8)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS</p> <p>Resident #1 – No documented evidence of face to face contact by RN CM every thirty (30) days.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, a spread sheet was created to track and monitor that form is being completed and placed into medical record as documented evidence</p>	03/01/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 – No documented evidence that the RN CM has provided ongoing evaluation and monitoring of care givers' skills.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Documentation of RN CM evaluation and monitoring of caregivers skills was completed on 7/14/2021 for resident #1.</p>	<p style="text-align: center;">7/14/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 – No documented evidence that the RN CM has provided ongoing evaluation and monitoring of care givers' skills.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, caregiver skills checking will be completed by RN CM on a monthly basis and placed into the medical record for documented evidence. We have created a case management visit log where the RN CM will sign in and out during their monthly visit with residents. Staff has also been instructed and trained on the procedure of completing the necessary documentation when home visits occur. The evaluation and monitoring form is included in the workflow procedure.</p>	<p style="text-align: right;">5/2-1/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; <u>FINDINGS</u> Resident #1 – No documented evidence of comprehensive assessment every six (6) months. Last one available from April 2020.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; FINDINGS Resident #1 – No documented evidence of comprehensive assessment every six (6) months. Last one available from April 2020.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again, the care coordinator will utilize a spreadsheet to track the completion dates of when comprehensive assessments are being completed.. Care coordinator was in-serviced and trained on how to utilize the spreadsheet to ensure that comprehensive assessments are being completed on admission, semi-annually, and as needed for any changes in conditions/services.</p>	02/15/2021

Licensee's/Administrator's Signature:

Albert Chen

Print Name:

Elizaveta Yaboz for Albert Chen

Date:

MAR 11 2021

Licensee's/Administrator's Signature:

Albert Chen

Print Name:

Albert Chen

Date:

01/14/21